Disability Visibility Podcast

Episode 12: Advocacy, Intersectionality & Mental Health

Guests: Victoria Rodríguez-Roldán

Host: Alice Wong

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For more information: https://disabilityvisibilityproject.com/podcast/

Introduction

[radio static, voices singing with hip-hop beat]

LATEEF: This is the Disability Visibility Podcast with your host, Alice Wong.

ALICE WONG: Hey yo! My name is Alice Wong, and I'm the host of the Disability Visibility Podcast, conversations on disability politics, culture, and media.

Today's episode is about advocacy, intersectionality, and mental health with Victoria Rodríguez-Roldán. Victoria is the director of the Trans/Gender Non-conforming Justice Project and the Disability Justice Project at the National LGBTQ Task Force. You're gonna hear us get really real about social justice, the politics of hypervisibility, the toxic aspects of activism, transgender mental health, and healthcare discrimination.

Are you ready? Away we go!

[electronic beeping]

ELECTRONIC VOICE: 5, 4, 3, 2, 1!

ALICE WONG: So, Victoria, I guess tell me a little bit about yourself and your background, if you like.

VICTORIA: I grew up in Puerto Rico originally. I initially wanted to be a psychologist of all things, considering all my mental illnesses, that that is interesting. I very quickly grew disillusioned with academia. I very quickly become involved in activism and was the first trans person in student government at the UPR and ended up helping broker students' rights that was all in the media, political campaigns, and so on. And doing law school at this point, there's this whole stereotype that if you wanna be in politics, you go to law school, pretend to be a lawyer, and go into that.

ALICE: How would you identify yourself? If somebody asked you like about one or two sentences, how would you describe yourself or identity, if that helps?

VICTORIA RODRÍGUEZ-ROLDÁN: Mmhmm. Polyamorous, lesbian, transwoman, Puerto Rican, bipolar, very proudly so at this point; closeted at one point. And I see myself, in a way, not just when I talk about activism, I like to say that I don't see it as like LGBT advocacy or disability advocacy or fill in the blank advocacy, but as overarching a single social justice/progressive/justice in general advocacy, basically. Since I believe you cannot do any one of these without the others, basically.

Social Justice and Intersectionality, not political correctness

ALICE: What are your thoughts about all these people that actually block people who are in social justice? This whole term "social justice warrior." I find it really disappointing that people don't realize that social justice is absolutely important. It's not about being politically correct.

VICTORIA: Exactly. It's not just the whole not being politically correct. Often, even within the very left, even within social justice spaces, we commit the mistake of trying to be too simplistic about it, about everything, essentially. Where take the term, for example, respectability politics, and we will go from everything to dismissing the concept, which is in and of itself dangerous. It's in and of itself dismissing the harm the issue does to essentially calling any sort of act of relative politeness respectability politics. And then, you're cheapening the concept.

And the problem is, we do that a lot with other issues like privilege, for example. Sometimes I feel that whoever talks the most about privilege the most understands it the least. Or social justice in general. Intersectionality is often reduced to a buzzword, to, "Oh, we have Black people in the room. We are intersectional."

ALICE: And also, I think erasure is another term that's used a lot but that's not really interrogated as well as it should be.

VICTORIA: Mmhmm, yeah.

ALICE: And I do think that intersectionality is such an important concept, but it's really about, I think, as Kimberlé Crenshaw--the person who coined it--talked about, it's really about power dynamics.

VICTORIA: Yeah.

ALICE: It's not about diversity in terms of what we think about as diversity. It's really about situational, relational politics.

VICTORIA: The problem is, when it comes, for example, diversity or achieving that, is that diversity as it often ends up being practiced ends up being, say, white people trying to decide what is diverse, basically. It ends up being boiled down to the perfectly genetically-engineered college brochure that magically always has every single possible minority inside the picture of people happily studying. Though, in that sense, diversity as it is often practiced basically becomes that people with the power trying to decide what it looks like themselves.

Diversity is the word; that's the proper term. The problem is, who is trying to define it? Who is trying to look at it and say, well, yes, we need to do it, and this is how we will do it. That problem applies, in many ways, to everything from, as you were saying, SJW and other terms there. So, yeah.

So, that entire pressure that exists everywhere from the classrooms to Jesus Christ, as disabled people, every single medical space we inhabit. And this is especially, as a trans person who is routinely having to very clearly realize that I'm probably the first trans person they've ever met in a very, very long time. It creates that pressure where it's not even the whole you're expected to speak out for yourself or what not, but essentially, you carry the weight of the entire image, especially.

ALICE: Mmhmm.

VICTORIA: And this happens in all marginalized spaces, but if the entire perception of them as to whether disabled people can be people, basically relies on your being, on your leaving a good impression on them, and you're not a dick, basically.

ALICE: Disabled people should be able to be assholes!

VICTORIA: Exactly [laughs].

Pressures of being out and proud and disclosing

ALICE: I do think that that's where the politics of visibility and the risk, I mean, there are risks to being out and proud and disclose everything about yourself. Because it does expose you to the kind of scrutiny, and you get unfair expectations.

VICTORIA: Yes. I can't speak as much for physical disabilities, but in the case of mental health disabilities, of developmental disabilities, of the above-the-neck variety of disabilities, there is the pressure of since the entire perception of everyone who has never met someone who is bipolar before you is, "Those crazy people," or that somebody's uncle who went psychotic one day, and they institutionalized him, and we don't talk about that type of experience. Then, you turn into it's almost like the inverse of the model minority, where you're the model of said minority, and thus, any screw up that you make is essentially hurting that entire community because you're what people think of, comes up to their minds when they think of that disability. Especially in disabilities where your entire character is being called into question due to just the case of mental health disabilities, where you're having to break continuously that yes, I am here. Yes, I look just like you. I'm not sitting in a corner, muttering random things. And even if I did, I'm a human being. And that's right.

ALICE: Exactly. There are different ways of existing!

VICTORIA: Exactly. "You're one of the good ones. You're not one of the scary ones. You're different." The mental health equivalent of what, in the Autistic community, you see the whole, "You're so high-functioning. You don't count." But that is essentially that burden that you carry, and thus, the issue that happens is that then you find yourself a bit-- My personal experience has been a little bit the more public I am about having a disability, the more private I find myself being about the details of that disability. Because I then start becoming more self-conscious of the effect that that has on both people's perceptions and so on.

There was, at one point, like who gets to be one of the good ones? Who gets to be the one that doesn't scare the congressional staffer to come up with that person? Is it the one with the law degree, or the one who has a blazer? Is that what makes me less scary? If you wanna get to have that access, if you wanna get to be openly crazy, basically, in such a space, in such a hyper-privileged space, you have to look normal. You have to not be scary. And thus, that creates a situation where the whole, "O, you're so inspirational" bullshit. You wouldn't feel that way if you heard half my daily existence. That pressure that ends up being created in that type of advocacy, where you're essentially marking out the prize for if you wanna still be accepted while being openly bipolar or openly Autistic or any other mental health or developmental disability, you have to pay this price. And don't you dare stray out of that line. Don't you dare have a full breakdown that people learn about. Because then you're gonna be screwed, basically. Obviously, it doesn't help your mental health.

[chill-out reggae]

ALICE: It's a lot of work, and I think this is where a lot of people like you and I, you know, there's so much invisible labor that happens just to get us out of the door and into these different rooms, into these different conversations, into these different spaces that are a little bit more hyper-visible where everything counts. We are being scrutinized, and sometimes it gets to be if we really told the truth, that would be very disturbing and distressing.

VICTORIA: [laughs] Oh, yeah.

ALICE: And what's really sad is that for so many of these folks, they're still used to being advocating for us without ever having to interact with any of us. So, it's still kind of--

VICTORIA: Oh, yeah. Or interact with the sanitized version of it. Here, we're talking the folks who happily will go around saying, "End mental health stigma," and they're talking about depression and anxiety. But the instant you start mentioning somebody having psychosis, you might as well be dead to them. But the whole, and that is very broad in the disability world: I am for people with disabilities as long as I don't have to-- You know, keep them away.

ALICE: And again, this is all about who is centered.

VICTORIA: Yeah.

ALICE: Advocacy is OK when it's comfortable and palatable to the non-disabled audience.

VICTORIA: Exactly.

ALICE: And the minute you stray out of those lines, you are the angry, bitter crip or the "crazy" person who doesn't really understand what's going on, etc., etc.

VICTORIA: Yeah.

ALICE: Yeah, and it's a really fine line because I think we all kind of traverse across different communities. We all have to code switch and change our presentation of self because we have multiple selves in a lot of ways of how we talk within our communities, within lots of different communities that we're a part of.

VICTORIA: Yeah.

Disability advocacy usually ignores racism

ALICE: And I think--I don't know about you, but--it is exhausting to be one of the few disabled women of color that are kind of out there. Because I think a lot about Vilissa Thompson. Her hashtag #DisabilityTooWhite, you know, we talk about the advocacy world, the political world. We look at disability rights community, the "establishment," it is basically all white men or white women, and we're often denied racism.

VICTORIA: The problem isn't just when we have the whole charity model of it or the whole toxic allyship that is so unique to disability, where I'm here for all those poor disabled kids. Screw the adults. But the fact that permeates even within the major disability advocacy that many of those are the people who get invited to speak at the events of our supposed disability community and who get the salaries and the jobs.

I have sometimes come across where in the opposite side, you have racial justice spaces that will be like, "Oh, disability is a white people's thing. You're distracting us from liberation or

whatever other beautiful utopia we have in mind by talking about disability." But in a way, and as horrible as that is, and as much we have to fight it, you have to admit that the people who've been allowed to be standard bearers in public around disability don't help one bit to dispel that idea. Because what we have created around disability is essentially historically and traditionally a movement that is either a) for people who have the financial privilege to have had all the perfect schools, the parents who could be there fighting their ass off with the school district and even threatening to sue every other day, whenever they didn't fulfill the needs, and then had health care all their lives of whatever other needs were met. Or b) set parents.

ALICE: Is it more about class than--

VICTORIA: Class and race in America basically, they're almost like a vine in the tree. They're not the same thing, but they live off each other. But essentially, it very much lives as a class issue, as an issue where given the nature of it, given the beginning of disability advocacy from a charity, from a let's help the poor kids, which is how we got it to be "bipartisan" in the first place.

[upbeat keyboards]

National LGBTQ Task Force and the Trans/Gender Nonconforming Justice Project

ALICE: So, let's just switch a little gears. You are the senior policy council at the National LGBTQ Task Force. You're also the director of the Trans/Gender Nonconforming Justice Project and the Disability Justice Project and the Disability Justice Project director. So, what does that mean, or what does that work entail?

VICTORIA: Basically, everything within the entire organization that is either trans-related or disability-related, sooner or later finds its way onto the massive pile of crap that is my desk. It's essentially about running those initiatives. It's about trying to lead that particular form of intersectionality. It's technically two projects since the LGBTQ Task Force obviously, operates from the framework that is slightly different from other organizations where it's self-described as a progressive organization. It does try to be that progressive voice of the LGBT community, LGBT voice within the progressive community.

So, the idea of creating the Trans Justice Project had already been in existence in one form or another since like 2001. And then, the disability project comes about once I joined the Task Force, once I joined as director of the Trans GNC Project where I bring in that perspective in that way. And it essentially starts becoming a separate project unto itself around creating that queer voice within the disability community and that disabled voice within the queer community, where both things are lacking, basically. And obviously, coming also as the director of the Trans Project, giving it a focus on that particular trans intersection there. And obviously, coming from my own perspective, the philosophy that I take to my position is essentially do the advocacy that no one else is doing.

ALICE: Yeah, I mean, talk about something that nobody's done before. You just recently, at the task force, launched the Transgender Mental Health Survey.

VICTORIA: Yes.

ALICE: And this is something that's really recent, and there really hasn't been a survey like this. So, tell me a little bit about this survey, how it came about, your partners with it, and also the goals of the survey.

VICTORIA: Yeah. As a quick background: There is a long history of surveys in the trans world where the task force first helped create the National Transgender Discrimination Survey back in 2011. And it was the first of its kind attempted at surveying the entire community around what are you experiences with discrimination and so on. Then, NCT created the successor survey, the US Trans Survey in 2015, which this time, it carried some questions around disability, like basically, it asked if you self-identify as disabled, if you identify say, having a mobility disability or other things. And we know from those various surveys various things around the mental health of trans people.

Like for example, we know that 40% of trans people have attempted suicide at one point or another in their lives. We also know that the amount, the level in say, suicidal ideation is much higher. We also know that in the medical discrimination context that like 1/3 of trans people have experienced some form of mistreatment around their being trans when they go in a medical setting like a doctor's office, hospital, etc. But we had very little around that particular aspect in mental health like 40% attempt suicide. What happened to them next? Did they see any mental health professional, be it forced or voluntarily? Were they arrested because of the suicide attempt? How were they treated due to being trans? We have none of that, basically. And the survey is right now live. It went live in June 23rd. We're keeping it open until at least September, possibly a bit more than that. That is the idea behind it, to find out more information.

And that project, it's between the Trans Lifeline and the task force, so we've been working on that since then. And in that sense, I also feel like a lot of credit goes to a few of the interns, for example, and other people who are part of that writing who will all get their due credit in the final document, in the final publication. I am hoping the publishing date, we haven't yet gotten one since we don't even have the data, but we've been thinking around trying to get that between November and January, possibly around creating change, actually.

ALICE: I think the data is really important. So is storytelling.

VICTORIA: Mmhmm. Yeah.

ALICE: I'm guessing your survey will also have space.

VICTORIA: Yes, it has the space for people to--

ALICE: To share their stories.

VICTORIA: Yes. Essentially the space where you're like, "Tell us more." And you can go in to bigger detail about that there. That's often where the most interesting stuff comes up. Since one subject the Trans Lifeline wants to find out more about from their perspective as a suicide hotline is around, for example, how trans people feel about trusting 911 or about trusting police or any sort of intervention around suicide prevention. Because the Trans Lifeline does not engage in active rescue, which is the euphemistic term for, "We won't call the cops on you." And it is based on the fact that given how trans people get treated, you wouldn't call if you felt that you're gonna get 911 called on you.

[bright acoustic guitar music]

Hopes for advocacy and change and facing toxicity in the movement

ALICE: So, it's really early on, but what are you really excited about once you get that report? What do you really hope to achieve in terms of either policy changes or just advocacy within the task force or within your community?

VICTORIA: I'm thinking advocacy-wise since that provides us--and I don't mean to pretend that the survey is perfect; this is the first one--but I want to create that first one, that initial here's the document. Here's what we know. Here are the needs and help break that. And one experience I have is I'm already gonna get burned by opponents anyway. So, we might as well get the information and be able to say everything and be able to give credibility to all the voices of everything that is actually going on in the community. We might as well stop forgetting about mental health when we talk about health care discrimination. We might as well stop forgetting about trans people when we talk about disability and mental health and so on. We need to stop that, "No, we are not mentally ill," which is also--

ALICE: Another function of ableism.

VICTORIA: [chuckling] Yeah!

ALICE: Where somehow, we have to be the palatable trans community. Why is it bad to be mentally ill?

VICTORIA: Exactly.

ALICE: Why is it scary, right? If we don't embrace everyone and the most marginalized in our communities, you're not doing what you're supposed to be doing.

VICTORIA: Exactly.

ALICE: If you're not even giving a shit about the people who are most marginalized, it's like then why are you in your job?

VICTORIA: Yeah. Or let's spend millions and millions of dollars suing airport terminals for not having captions in the TV sets that show CNN at the terminal, but we will not do crap around people who are incarcerated, around queer people, around people of color, etc. There is a serious issue around where are we placing priorities. To what extent are we focusing too much on easy wins and so on?

ALICE: Yeah, and I think so much of this is yeah, it comes back to people in power who decide what the priorities are and decide the policy agendas because they have the closest proximity to the power brokers, the gate keepers. So, they get to cherry pick things that they know they can do well. But when things are more challenging, then it's out of their wheelhouse.

VICTORIA: Exactly.

ALICE: They get to be a little bit more like at a distance.

VICTORIA: Then there's the folks who try to deny you completely that there is a diversity issue in the disability movement.

ALICE: The people who say, "Hey! Stop complaining because we've gotta be united."

VICTORIA: You know, one thing that has saddened me a lot in the course of my advocacy is most of the actual enemies I have made, sadly, are people within the movement, social justice, basically. Because we end up eating our own with that toxicity of just try to clamp down on whoever speaks out. And when you're saying, "We need to be united," you're being downright Orwellian dystopia level. And you then have also a continual, even when unintended or unspoken, either/or. People of color are the other, are the rivals that we somehow need to fight

with to steal attention from them, which then permeates into a, "I have to fight against you for attention. Screw Black people. Or screw Brown people. Or screw queer people," or any other marginalized fill in the blank because disabled people aren't getting attention.

ALICE: And it speaks to me about yeah, just like internalized ableism, but the white supremacy, the sense that it creates this kinda structure or hierarchy that we have to kind of, this false idea that we have to compete against each other. And also, the false idea that somehow, we can separate ourselves or that we have to be in conflict, or we have to choose one part of us to focus on, and screw the rest, right?

VICTORIA: Yes. Screw on the fact that you're disabled. Don't, stop talking about your being Latina, you know. Stop. And so on.

ALICE: Well, I'm glad that you exist. I'm glad that you're out there speaking your truth and really being the bridge, literally a bridge for so many communities. Because we do exist in terms of people who are multiply marginalized who have just a wealth of experience and a wealth of understanding from different perspectives. And I wish folks would just be able to understand and get over the idea that we exist and that we're not unicorns.

VICTORIA: Yeah. Even so, there are the pressures that come with being visible. It's not that we were never there; it's just that we're getting more and more tired of the bullshit to not be willing to put up with it.

ALICE: You know, I think it's a continual process of our own kind of reckoning with what we're willing to give, and what we're willing to reveal about ourselves to be our true selves and also keeping private and keeping close to what we really hold dear and don't wanna expose. Because you know what? We don't have to.

VICTORIA: That is one thing that also happens. Everyone gets all inspired when you're like, "I have a serious mental illness," or "I have a major mental health disability, and I'm here, blah, blah, blah." They stop feeling as inspired if you tell them, "Well, actually, I spent half of last night having recurring thoughts of suicide and so on. But here I am." They stop feeling that way, you know. It's curious. Then, they stop wanting to hear it. Then you stop being inspirational. But it also works the other way around where you're being pressured into, "Tell us your story!" Well, no! I don't have to tell you that story. I don't have to tell you the full details about what goes on with my body, about all the pills I'm on and so on.

ALICE: I would love it one day if disabled people just tell their stories without the purpose or intention of proving that we are as valuable as they are.

VICTORIA: One issue I've also dealt with a fair bit in my current roles, and I essentially become somewhat of a public figure where there's often the pressure of I want to hear your experience. And it's an issue I face sometimes say, when talking to reporters or where it's like we wanna hear about your experience as a trans person. It's like, I'm a policy advocate. I'm here to talk about all my expertise and all the crap I spend years studying.

ALICE: It's kinda ironic because the goal often is to humanize us, but if we get too humanized, it gets really icky for them.

VICTORIA: Exactly.

ALICE: And it's not in terms of the stories that they don't wanna publish, right? And that's a really funny thing about the media is that they have these--

VICTORIA: That continual pressure of this is what sells, this is what makes the good story, this is what's gonna get the thousands of clicks in our website and so on. And it continuously leans towards you get to feel better afterwards when you cry, you read it: Inspiration porn.

ALICE: One of my own personal missions is to see more disabled people in journalism, because I think that's where we need, it's a huge area that's so problematic in terms of the way the media talks and writes and frames disabled people.

Well, thank you so much for talking with me today, Victoria. I am honored.

VICTORIA: Thank you. Thank you.

Wrap-up

[hip-hop music]

ALICE: This podcast is a production of the Disability Visibility Project, an online community dedicated to creating, sharing, and amplifying disability media and culture. All episodes, including text transcripts, are available at DisabilityVisibilityProject.com/Podcast. The audio producer for this episode is Sarika D. Mehta. Introduction by Lateef McLeod. Theme music by Wheelchair Sports Camp.

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Thanks for listening, and see YOU on the Internets! Byeeeee!

♪ pooping on the flexed cynic

goofing off with sex image

ass to the max ya

disconnect your booty

ask all the macks you don’t disrespect your duty

on the black top, cat walk, colfax, wax on

hoe strut, pole dance, romance, hat’s off

knees up, toes down, lets dance ♪